

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent #

**10/522022**

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

Amendment

Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

7 TOTAL AMOUNT  
OF REFUND

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Adjustment Date: 07/01/2005 PKIDWELL  
01/31/2005 HREY1 000000/2 180013 10522022  
02 FC:1632 500.00 CR

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**